

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046446

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 264

FILED JAN 2 1963

## 1. PLACE OF DEATH

a. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN WashingtonLength of stay in 1b  
6 weeksc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Francis HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Gasconade

c. CITY OR TOWN Owensville

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
RouteReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Roy

Biles

## 4. DATE OF DEATH

Month

Day

Year

Dec. 22, 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-29-1888

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
retired farmer10b. KIND OF BUSINESS OR INDUSTRY  
farming11. BIRTHPLACE (City and state or country)  
Cleavesville, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Charles A. Biles

## 13b. MOTHER'S MAIDEN NAME

Margaret Richardson

## 14. NAME OF HUSBAND OR WIFE

Iva Gray Biles

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Wendell Biles - Owensville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Concussion - R. parietal

## INTERVAL BETWEEN ONSET AND DEATH

5 1/2 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car accident north of Owensville, Mo. on Highway #19. Reported to Highway Patrolman

## 20c. TIME OF INJURY

Hour a.m.

Month, Day, Year  
8:30 11-12-6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Highway #19 - N.20f. CITY, TOWN, OR LOCATION  
Owensville

## COUNTY

Gasconade Mo.

21. I attended the deceased from 11-12-62 to 12-22-62 and last saw him alive on 12-21-62

Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Paula L. J. Sidmann, M.D.

## 22b. ADDRESS

Owensville, Mo.

## 22c. DATE SIGNED

12-22-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

12-24-1962

## 23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

## 23d. LOCATION (City, town, or county)

Owensville, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Gottenstroeter Funeral Home  
Owensville, Mo.

## 25. DATE RECD. BY LOCAL REG.

12/24/62

## 26. REGISTRAR'S SIGNATURE

Paula L. J. Sidmann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

10365

20370

3.

4 0

5 1

6

7 0

8 1

9 X

10

11 037

12 2-0

13 5-0

JAN 16 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jerry A. Thompson  
Licensed Embalmer No. 5165

P. O. Address Quensville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.